1ST MORTGAGE BROKER LENDER AND / OR SERVICER

LICENSE APPLICATION PROCEDURES (For FIS 1018) The Commissioner of the Office of Financial and Insurance Services has determined that this application is available for public inspection or copying pursuant to the provisions of the Freedom of Information Act, PA 442 of 1976, MCL 15.231 et seq., and section 2109 of the Michigan Banking Code of 1999, as amended, MCL 487.12109. Accordingly, except as otherwise indicated in this application, the contents of the application shall be disclosed to any person who properly requests an opportunity for inspection, examination, or copying.

I. GENERAL INSTRUCTIONS

- A. The application for a license must be made in writing (ink or typed) to the Commissioner on the attached forms. If after investigation the Commissioner determines that the experience, character, business reputation, and general fitness of the applicant and its officers, directors, shareholders, partners, and affiliates command the confidence of the public and warrant the belief that the applicant and its officers, directors, shareholders, partners, and affiliates will comply with the law, and that grounds for revoking, suspending, or denying a license pursuant to the act do not exist, the Commissioner will issue the license.
- B. The Office will not accept an incomplete application. Complete responses to all questions will expedite the processing of the application. Do not leave any question blank Enter "N/A" or "None" if not applicable. An application will not be accepted if it contains whiteout or strikeouts.
- C. The application must be filed with original signatures where applicable.
- D. If the applicant is a Corporation, resident agent and address must agree with that on file with the Corporation and Land Development Bureau.
- E. A financial statement is required, and must be completed in the APPLICANT'S name.
- F. The applicant may provide additional information in support of this application as deemed appropriate.
- G. Complete only the license **OR** registration application, not both.

II. ACCOMPANYING DOCUMENTS

- A. A Personal Disclosure Statement must be completed and submitted as part of the application. Each individual applicant, partner, officer, director, shareholder and affiliate identified on page 2 of the application must submit individual Personal Disclosure Statements. The Confidential Background Information Consent Form must also be completed for each individual who submitted Personal Disclosure Statements.
- B. If the applicant is an individual doing business under an assumed name, the application must be accompanied by a certificate executed by the county clerk verifying compliance with the provisions of Act No. 101, Public Acts of 1907, as amended (MCL 445.1; MSA 19.821).
- C. If the applicant is a partnership, the application must be accompanied by a certificate executed by the County Clerk indicating compliance with the provisions of Act No. 164, Public Acts of 1913, as amended (MCL 449.101; MSA 20.111).
- D. If the applicant is a corporation which operates under an assumed name status, the application must be accompanied by a certificate executed by the Corporation and Land Development Bureau indicating compliance with the provisions of section 217 of Act No. 284, Public Acts of 1972, as amended (MCL 450.1217; MSA 21.200 (217).

- E. If the applicant is a corporation, please complete the Affidavit of Official Signing of Application. (See page 8a of the application.)
- F. If the applicant is a corporation, the application must be accompanied by a certified copy of a Board of Directors Resolution which authorizes submission of the application to the Commissioner of the Office of Financial and Insurance Services on behalf of the corporation. A sample resolution format is enclosed. (See page 9a of the application.)
- G. If the applicant has any additional licenses (real estate, residential builder, etc.), please enclose copies of these with the application.

III. NET WORTH REQUIREMENTS

A. Each applicant who will act solely as a mortgage broker and who receives funds from a prospective borrower prior to the closing of a mortgage loan or an applicant who will act solely as a mortgage lender shall have a minimum net worth of \$25,000.00. Each applicant who will act as a mortgage servicer shall have a minimum net worth of \$100,000.00. Net worth shall be determined at the conclusion of the fiscal year of the applicant immediately preceding the date an application for a license is submitted to the Commissioner.

When completing the financial statement found on page 6 of this application, net worth shall be computed in accordance with generally accepted accounting principles, but the following assets shall be excluded from the computation of net worth:

- 1. That portion of an applicant's assets pledged to secure obligations of any person or entity other than that of the applicant.
- 2. Any asset except construction loans receivable, secured by first mortgages from related companies, due from officers or stockholders of the applicant or persons in which the applicant's officers or stockholders have an interest.
- 3. An amount in excess of the lower of the cost or market value of mortgage loans in foreclosure, or real property acquired through foreclosure.
- 4. An investment shown on the balance sheet in joint ventures, subsidiaries, or affiliates, which is greater than the market value of the assets.
- 5. Good will or value placed on insurance renewals or property management contract renewals or other similar intangible value.
- 6. Organization costs.
- B. If the applicant has issued stock, and if there are 20 or fewer stockholders, please attach copies of the issued stock certificates to the application.

IV. DEPOSIT REQUIREMENTS

A. An applicant who acts solely as a mortgage broker and who receives funds from a prospective borrower prior to the closing of the mortgage loan or an applicant who acts solely as a mortgage lender shall maintain a deposit or bond in the amount of \$25,000.00 with the Office. An applicant who acts as a mortgage servicer shall maintain a deposit or bond in the amount of \$125,000.00 with the Office. Such deposit or bond may be maintained by one of the following means:

- 1. A corporate surety bond payable to the Commissioner, executed by a surety approved by the Commissioner. The bond must be written with an expiration date of June 30 of a subsequent year. The bond must be in the format prescribed on page 7(a) of the license application.
- 2. An irrevocable letter of credit upon which the applicant is the obligor. The Letter of Credit must be in the format prescribed on page 7(b) of the license application.

The credit must be issued or confirmed by a Michigan bank, savings bank, savings and loan association, or credit union, the deposits of which are insured by an agency of the federal government. The letter of credit must be written with an expiration date of December 31 of a subsequent year. All letters of credit submitted to the Office are subject to final review and approval by the Commissioner.

- 3. Certificates of Deposit or other securities acceptable to the Commissioner may be deposited with the State Treasurer. Additional information is available upon request.
- 4. An Applicant who intends to act as a mortgage broker **ONLY**, and will not receive funds from a prospective borrower prior to the closing of any mortgage loan, must file a "Statement of Exemption of Proof of Financial Responsibility Deposit" form. Additional information is available upon request.
- B. An Applicant who intends to act as a mortgage servicer, service not more than 300 mortgage loans, and **NOT** collect or maintain escrow or money in an account for the purpose of paying taxes or insurance pursuant to the mortgage loan, may file an "Application for Reduction, Waiver, or Modification of Proof of Financial Responsibility Deposit" form. Additional information is available upon request.

V. FEES (Please see fee schedule)

A. Investigation fee

This fee is nonrefundable and is required from all applicants making an initial application for a license. It is also required at the time of making a first application for a license after the suspension or revocation of a license.

B. Operating fee

This fee is refundable if the application is denied and is required from all applicants making an initial application for a license and is required annually thereafter for a license renewal.

C. Mail your check, payable to the State of Michigan, and the complete application to:

Mortgage and Consumer Finance Section ATTN: Licensing P. O. Box 30220 Lansing, MI 48909

Or for overnight mail:

Mortgage and Consumer Finance Section ATTN: Licensing 611 W. Ottawa Street 3rd Floor Lansing, MI 48933

Questions pertaining to the completion of this application may be directed to the Office's Mortgage and Consumer Finance Section at (877) 999-6442.

FIS 1018 (3/05) Page 1 Office of Financial and Insurance Services Mortgage and Consumer Finance Section

Application for 1ST Mortgage Broker, Lender, and/or Servicer License

Authorized by: Act No. 173 of the Public Acts if 1987, as amended. Required for license as a 1st mortgage broker, lender, or

(Check appropriate box or boxes) ☐ Mortgage Servicer ☐ Mortgage Broker ☐ Mortgage Lender Please read and refer to the accompanying instructions before completing this application. Name (Corporation, Partnership, Sole Proprietorship, or Individual). Include DBA name(s), if applicable. Street Address Zip Code County Telephone No. Facsimile No. Federal Taxpayer I.D. Number State Where Organized Date of Organization Date admitted into Michigan, if Foreign Corporation or Association Name of Michigan Resident Agent Address of Michigan Resident Agent Name of state(s) other than Michigan where the Applicant or its affiliates currently broker, originate, or service First Mortgage loans. STATUS OF APPLICANT: (Check appropriate box) ☐ A limited liability company ☐ An individual doing business ☐ A limited partnership under own name ☐ An association ☐ An individual doing business ☐ A general partnership under an assumed/trade name Other ☐ A Corporation Michigan Corporate I.D. # (Describe)



Michigan Department of Labor & Economic Growth

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

If Applicant is other than an individual, list the names of all partners, officers, directors, shareholders, members, and affiliates of the firm, co-partnership or association. "Officers" means chief executive and/or operating officer, president, executive or senior vice president, secretary and treasurer. "Shareholders" means all shareholders if the total number of shareholders equal 20 or less, or if there are more than 20 shareholders, only those shareholders holding (or controlling) at least 20% of the outstanding voting stock. (If more space is required, please attach additional sheets as necessary.)

Officer/Member Name	Business Address (Street, City, State, Zip Code)	
СЕО		
President		
Vice President		
Secretary		
Treasurer		
Member		
Г		
Director's Name	Business Address (Street, City, State, Zip Code)	
Shareholder's Name	Stock Ownership (number of shares) *	Stock Ownership (percentage)

^{*} Copies of issued stock certificates are to be submitted with this application.

Are all Officers, Directors, etc. and their titles, listed above or on a sheet attached to this application?

DESIGNATED CORRESPONDENT	(Responsible for re	sponding to question	s relating to this application)	
Vame		Title		
Street Address		City		
State	Zip Code		Telephone Number	
			()	
LOCATION OF THE DDINGIDAL H.S. OF		C A NIT		
LOCATION OF THE PRINCIPAL U.S. OF Name	FICE OF THE AFFLE	Telephone Number		
		()		
Street Address		City		
County	State		Zip Code	
LOCATION OF THE DRINGINAL MICHIG	CAN OFFICE OF THE	A DDI ICANT		
LOCATION OF THE PRINCIPAL MICHIO Name	JAN OFFICE OF THE	Telephone Number		
		()		
Street Address		City		
County	State		Zip Code	
INDIVIDUAL RESPONSIBLE FOR THE N		IONS OF THE ADDITIONS	CANT	
Name	MICHIGAN OFERAT	Title	CANI	
Street Address		City		
State	Zip Code		Telephone Number	
			()	
LOCATION WHERE OFFICIAL BOOKS ARE KEPT (If location is different than a				
Name		Telephone Number		
		()		
Street Address		City		
County	State	l	Zip Code	

services the Applicant will provide to consumers; how the Applicant plans to generate business; when the Applicant will receive compensation and from whom; and whether the Applicant will receive funds in its own name from a prospective borrower prior to the closing of the mortgage loan. Please state the names and address of all entities to whom the Applicant will broker and/or assign mortgage	Attach additional pages as a		Telephone Number		
Provide a general description of the proposed business activities of the applicant. At a minimum, include: what services the Applicant will provide to consumers; how the Applicant plans to generate business; when the Applicant will receive compensation and from whom; and whether the Applicant will receive funds in its own name from a prospective borrower prior to the closing of the mortgage loan. Please state the names and address of all entities to whom the Applicant will broker and/or assign mortgage loans. Name Address					
Provide a general description of the proposed business activities of the applicant. At a minimum, include: what services the Applicant will provide to consumers; how the Applicant plans to generate business; when the Applicant will receive compensation and from whom; and whether the Applicant will receive funds in its own name from a prospective borrower prior to the closing of the mortgage loan. Please state the names and address of all entities to whom the Applicant will broker and/or assign mortgage loans. Name Address	Street Address		City		
Provide a general description of the proposed business activities of the applicant. At a minimum, include: what services the Applicant will provide to consumers; how the Applicant plans to generate business; when the Applicant will receive compensation and from whom; and whether the Applicant will receive funds in its own name from a prospective borrower prior to the closing of the mortgage loan. Please state the names and address of all entities to whom the Applicant will broker and/or assign mortgage loans. Name Address					
services the Applicant will provide to consumers; how the Applicant plans to generate business; when the Applicant will receive compensation and from whom; and whether the Applicant will receive funds in its own name from a prospective borrower prior to the closing of the mortgage loan. Please state the names and address of all entities to whom the Applicant will broker and/or assign mortgage loans. Name Address	County	State		Zip Code	
loans. Name Address	services the Applicant wil Applicant will receive com	l provide to consume pensation and from w	ers; how the Applyoners; and whether	licant plans to generate r the Applicant will rec	business; when the
loans. Name Address					
loans. Name Address					
loans. Name Address					
loans. Name Address					
	Please state the names and loans.	address of all entities	es to whom the A	pplicant will broker and	d/or assign mortgage
	Name				

Certification

I hereby certify that the foregoing APPLICATION is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the APPLICATION.

Authorized Signature	Title
STATE OF	SS
On this,,,	
County personally appeared known to me to be said person named in and who executed	
statements and representations set forth herein are true to t	he best of his/her knowledge and belief.
(NOTARY SEAL)	
	Notary Public
	My Commission Expires

^{*} Type or print name of person appearing before notary.

ALL APPLICANTS MUST COMPLETE A FINANCIAL STATEMENT

FINANCIAL STAT	EMENT AS OF	······································	
Applicant Name:			
Fiscal year-end of Applicant:			
ASSETS			
Cash on Hand and in Banks		\$	
Notes Receivable **			
Accounts Receivable **			
Mortgage Loans and Contracts Reco	eivable		
Stocks, Bonds and Other Investmen	its **		
Furniture, Fixtures and Equipment			
Real Estate and Buildings **			
Other Assets **			
TOTAL ASSETS		\$	
LIABILITIES AND NET WORTH			
Notes Payable	\$	_	
Accounts Payable		_	
Contracts and Mortgages Payable **		_	
Other Liabilities **			
TOTAL LIABILITIES		\$	
Capital Stock		_	
Capital Surplus	_		
Retained Earnings			
TOTAL NET WORTH			
TOTAL LIABILITI	ES AND NET WORTH	\$	

^{**} Detail these items on a separate, attached page(s).

$BOND \\ \mathbf{1}^{\text{ST}} \, \text{MORTGAGE BROKER, LENDER, OR SERVICER}$

KNOW ALL PERSONS BY THESE PRESENTS, That	
of	, State of
as PRINCIPAL and	
Michigan, for the use of said State and of any person or pe provisions of Act No. 173, Public Acts of 1987, as amende United States, to be paid to the said People of the State of	SURETY are held and firmly bound unto the People of the State of ersons who may have a cause of action against the above principal under the ed, in the sum of, lawful money of the f Michigan, or its assigns, for payment to be well and truly made, we bind and legal representatives, jointly and severally, firmly by these presents.
Sealed with our seals, and dated this day	of
* *	about to receive, a license from the Commissioner, Office of Financial and the PRINCIPAL to engage in the business of a mortgage broker, lender of 1987, as amended.
No. 173, as amended, and all rules and regulations lawfu Insurance Services of the State of Michigan, and will pay become due or owing to said State and to such person or Act No. 173, Public Acts of 1987, as amended, then this objective of the same of the sa	rincipal will conform to and comply with each and every provision of Ac ally promulgated thereunder by the Commissioner, Office of Financial and to said State and to such person or persons, any and all monies that may persons from the obligor, principal, and by virtue of the provisions of said bligation shall be void, otherwise it is to remain in full force and effect.
This bond may be continued in force for the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner, pursuant the surety with the approval of the Commissioner the surety with the surety with the approval of the Commissioner the surety with the surety with the approval of the Commissioner the surety with th	or an additional term or terms by suitable continuation certificates executed
	(L.S.)
	Principal (L.S.)
IN PRESENCE OF:	
	(L.S.)
	(L.S.)
	Surety

SPECIMEN LETTER OF CREDIT

To be used under the Michigan Mortgage Brokers, Lenders, and Servicers Licensing Act, Act. No. 173 of the Public Acts of 1987, as amended.

IRREVOCABLE STANDBY LETTER OF CREDIT NO
Commissioner of the Office of Financial and Insurance Services Mortgage and Consumer Finance Section 611 W. Ottawa 3 rd Floor Lansing, MI 48933
Commissioner:
We hereby establish our Irrevocable Standby Letter of Credit No in your favor for the account of (account party) up to the aggregate
amount of U. S
The credit amount is available to you by your draft(s) on us at sight when accompanied by your signed and dated statement reading as follows:
"The undersigned (the "Commissioner") hereby demands the sum of (specify) under (name of issuing bank) (the "Issuing Bank") Irrevocable Letter of Credit No. (specify) (the "Credit"), issued for the account of (name of Mortgage Broker/Lender/Servicer) (the "Account Party"), as evidenced by the sight draft accompanying this statement, and certifies that one or more of the following has occurred:
 The Account Party, at the sole determination of the Commissioner, has not conducted business in accordance with the Michigan Mortgage Brokers, Lenders, and Servicers Licensing Act, Act No. 173 of the Public Acts of 1987, as amended.
2. The Account Party, at the sole determination of the Commissioner, has not conducted business in accordance with a rule promulgated by the Commissioner, pursuant to the Michigan Mortgage Brokers, Lenders, and Servicers Licensing Act, Act No. 173 of the Public Acts of 1987, as amended.

3. The Account Party, at the sole determination of the Commissioner, has not paid money as

such money has come due.

	4.	The Commissioner has been notified by the Issuing Bank that it has elected not to extend the
		expiration date of the Credit, and the Account Party has failed to provide a replacement letter
		of credit or other proof of financial responsibility specified under the Michigan Mortgage
		Brokers, Lenders, and Servicers Licensing Act, Act No. 173 of the Public Acts of 1987, as
		amended, fully acceptable to the Commissioner, at least sixty (60) days prior to the current
		expiry of the Credit."
D (
		st be presented at our office at
no late	er th	an December 31,

It is a condition of the Letter of Credit that it be automatically extended for a period of one year from its present or future expiration date unless we notify you in writing by registered mail at least ninety (90) days prior to such date that we elect not to extend the expiration of this Letter of Credit for such additional period.

All drafts must be marked: "Drawn under Irrevocable Standby Letter of Credit No. ______,

We hereby agree with you that drafts drawn under and in compliance with the terms of this credit shall be duly honored on due presentation.

This credit is subject to Uniform Customs and Practice for Documentary Credits (1993 Revision), International Chamber of Commerce Publication 500.

Sincerely,

Authorized Signature

STATEMENT OF EXEMPTION OF PROOF OF FINANCIAL RESPONSIBILITY DEPOSIT

This statement of Exemption is made pursuant to section 4 of the Mortgage Brokers, Lenders, and Servicers Licensing Act, Act No. 173 of the Public Acts of 1987, as amended, and in conjunction with an application for license as a mortgage broker, to waive the proof of financial responsibility deposit requirement.

Please complete the following information, sign and date the certification, and submit this form to the mortgage and Consumer Finance Section as part of your license application.

APPLICANT NAME AND ADDRESS:	
-	
-	
	Certification
Brokers, Lenders, and Servicers Licensing Acthe closing of any mortgage loan. The applic	ant acts solely as a mortgage broker as defined under the Mortgage ct, and does not receive funds from a prospective borrower prior to cant understands that the collection of any such funds without first y deposit acceptable to the Commissioner, may be grounds for newal of its license.
Authorized Signature	Title
STATE OF) SS
COUNTY OF (
On this day of	,, before me, a Notary Public in and for said County
personally appeared	* known to me to be said
person named in and who executed the forego	ing application for exemption and made oath that the statements and
representations set forth herein are true to the best	of his/her knowledge and belief.
(NOTARY SEAL)	
	Notary Public
* Type or print name of person appearing before a	My Commission Expires

Type or print name of person appearing before notary.

Official Signing of Application (For corporate applicants only)

I,	of
Name an	nd Title of Official
App	plicant Name
a corporation organized in the State of	do hereby declare that I am duly
authorized to file the foregoing application and that	the statements and representations set forth therein
are true to the best of my knowledge and belief.	
Authorized Signature	Tide
Authorized Signature	Title
STATE OF)	SS
COUNTY OF ()	33
	blic in and for said County, on this day of
(NOTARY SEAL)	
	Notary Public
	My Commission Expires

Official Signing of Application (For general partnership applicants only)

I,	of
Name a	nd Title of Official
Ap	oplicant Name
a general partnership organized in the State of	do hereby declare that I
am duly authorized to file the foregoing application	n and that the statements and representations set
forth therein are true to the best of my knowledge an	nd belief.
Authorized Signature	Title
STATE OF)	SS
COUNTY OF ()	
Subscribed and sworn to before me, a Notary Pu	blic in and for said County, on this day of
(NOTARY SEAL)	
	Notary Public
	My Commission Expires
	111 Commission Expires

Official Signing of Application (For limited partnership applicants only)

Ι,	of
Name an	nd Title of Official
	plicant Name
a limited partnership organized in the State of	do hereby declare that
I am duly authorized to file the foregoing application	n and that the statements and representations set forth
therein are true to the best of my knowledge and belie	ef.
Authorized Signature	Title
STATE OF	SS
Subscribed and sworn to before me, a Notary Public is	in and for said County, on this day of
(NOTARY SEAL)	
	Notary Public
	My Commission Expires

Official Signing of Application (For limited liability company applicants only)

I,		of
Name and Titl	le of Official	
Analisa	4 N	
Applican	n Name	
a limited liability company organized in the State of		do hereby
declare that I am duly authorized to file the foregoing ap	plication and that the statements and represe	entations
set forth therein are true to the best of my knowledge and	d belief.	
_		
Authorized Signature	Title	
STATE OF)		
COUNTY OF ()	SS	
Subscribed and sworn to before me, a Notary Public in a	nd for said County, on this	day of
·		
(NOTARY SEAL)		
	Notary Public	
	My Commission Expires	

CORPORATE BOARD OF DIRECTORS

(For corporate applicants only)

Resolution MU	UST be completed in ap	plicant's full name, including DBA name(s), if applicable.
This is to certi	ify that at aRegular or	meeting of the Board of Directors of
	Applicant Name	, a corporation organized under the laws of the State
of	, held, County of	at the office of said corporation at of of, State of,
on the	day of	,, the following resolution was duly and legally
presented and	adopted by majority vo	te of the Board, to wit:
that this corpo	oration should take steps	Board of Directors of
BE IT RESOL	LVED, that	Name as Title
		fficial capacity be, and is hereby authorized and directed to prepare,
execute, verify	y, and present to the pr	oper state authorities of the State of Michigan, and for and on behalf of
said		, written application under the provision
	Applicant N	Name of 1987, as amended, authorizing the conducting of said business as a
mortgage		by this corporation and to do all acts and perform all necessary
		orporation to procure the same.
Authorized Signature		Title Date

(For general partnership applicants only)

Resolution MUST be completed in applicant's full name, including DBA name(s), if applicable.

This is to certify that at a	meeting of the Partners of
Regular or Special	
Applicant Name	,a general partnership organized under the laws of
	the office of said general partnership at
of, County of	City, Village, or Twp.
on the day of	, the following resolution was duly and legally
presented and adopted by majority vote of said P	artners, to wit:
It being the desire and purpose of the Partners of	Applicant Name
that this general partnership should take steps to	be licensed as a mortgage
under the provisions of Act No. 173 of the Public	Broker, Lender and/or Servicer
BE IT RESOLVED, that	as
	cial capacity be, and is hereby authorized and directed to
	per state authorities of the State of Michigan, and for and on
behalf of said	, written application under the
	of 1987, as amended, authorizing the conducting of said
business as a mortgage	by this general partnership and to do all acts and
perform all necessary legal requirements on beha	
Authorized Signature	Title Date

CORPORATE BOARD OF DIRECTORS OF THE GENERAL PARTNER

(For limited partnership applicants only)

Resolution MUST be completed in applicant's full name, including DBA name(s), if applicable.

This is to certify	that at a	meeting of the Board of Directors of
	Regular or Special	
	Applicant Name	, a limited partnership organized under the laws of
the State of	**	at the office of said limited partnership at
		City, Village, or Twp.
O1	, county or	, State of,
on the	day of	,, the following resolution was duly and legally
presented and ad	lopted by majority vote of said	Board, to wit:
It being the desir	re and purpose of the Board of l	Directors of
•		General Partner
a general partner	of	Applicant Name that this limited
partnership shou	ald take steps to engage in bu	iness under the provisions of Act No. 173 of the Public Acts
of 1987, as amer	nded.	
BE IT RESOLV	ED, that	as Title
of this limited p	partnership, and in his / her of	icial capacity be, and is hereby authorized and directed to
prepare, execute	, verify, and present to the pro	per state authorities of the State of Michigan, and for and on
behalf of said		, written application under the
provisions of A	ct No. 173 of the Public Act	s of 1987, as amended, authorizing the conducting of said
business as a mo	rtgage	by this general partnership and to do all acts and
perform all nece	Broker, Lender and/or Se	alf of said corporation to procure the same.
perioriii aii nece	ssary legal requirements on bei	an of said corporation to procure the same.
Authorized Signature		Title Date

(For limited liability company applicants only)

Resolution MUST be completed in applicant's f	full name, including DBA name(s), if applicable.
This is to certify that at a	_ meeting of the Members of
	, a limited liability company organized under the
laws of the State of	, held at the office of said limited liability company at
, County of	of, State of,
City, Village, or Twp. on the day of	,, the following resolution was duly and legally
presented and adopted by majority vote of the M	Members, to wit:
It being the desire and purpose of the Members	ofApplicant Name
that this limited liability company should take s	steps to be licensed as a mortgage
under the provisions of Act No. 173 of the Publ	Broker, Lender and/or Servicer
BE IT RESOLVED, that	as
	her official capacity be, and is hereby authorized and directed
to prepare, execute, verify, and present to the	proper state authorities of the State of Michigan, and for and
on behalf of said	, written application under
**	ets of 1987, as amended, authorizing the conducting of said
business as a mortgage	by this limited liability company and to do all
	nents on behalf of said limited liability company to procure
the same.	
Authorized Signature	Title Date

PERSONAL DISCLOSURE STATEMENT

If the applicant is an individual, please complete the information below and on the next three pages for the individual. If the applicant is other than an individual, complete the information below and on the next three pages for all partners, members, officers, directors, shareholders and affiliates identified on Page 2 of this application.

Name	Principal Occupation, Employer
Business Street Address	
City / State / Zip Code	Business Telephone Number
	()

BUSINESS AFFILIATIONS - List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, member, employee, partner, owner, or affiliate.

Name and Location of Business	Type of Business	Position Held

PERSONAL DISCLOSURE STATEMENT

BUSINESS EXPERIENCE/EMPLOYMENT RECORD DURING THE PAST 10 YEARS:

This is to include details of all gaps in employment, such as attending school, any leaves of absence, unemployment, etc.

Date		Name and Location of Business	Type of Business	Position Held	
From	То				

Section 3 of the Mortgage Brokers, Lenders, and Servicers Licensing Act requires the Come evaluate the Applicant's experience in the licensed area. Please describe below your experience in the broker, lender, and/or servicer industries. Attach additional pages as necessary.		

PERSONAL DISCLOSURE STATEMENT

OTHER INFORMATION	YES	NO
Have you ever been adjudged as bankrupt or had to work out a compromise with your creditors? If yes, please detail on a separate page.		
Have you ever been convicted of, or pleaded no contest to, any civil or criminal offense involving dishonesty, fraud, or breach of trust? If yes, please detail on a separate page.		
Have you ever been subject to any adverse administrative action with respect to any professional license you hold or have held, including those involving any business or enterprise with which you have been associated as a partner, officer, director, shareholder (owning 5% or more of the outstanding voting stock), or affiliate? If yes, please detail on a separate page.		
Has any business or enterprise with which you are or were associated as a partner, officer, director, major shareholder (owning 5% or more of the outstanding voting stock), or affiliate ever been convicted of any criminal matter involving dishonesty, fraud, or breach of trust? If yes, please detail on a separate page.		
Have you ever been convicted of, or pleaded no contest to, any civil or criminal offense? If yes, please detail on a separate page.		

Certification

I hereby certify that the foregoing Personal Disclosure Statement is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in denial of the application.

Authorized Signature	Title	Date

CONFIDENTIAL BACKGROUND INFORMATION CONSENT FORM

By signing this Consent, I understand and agree to the following:

1	The following information about me is necessary to a evaluating the application of be used to evaluate, among other things, my experience legally required by section 3 of P. A. 173, Public Acts and Servicers Licensing Act.	e, character, busine	(applicant). These reputation, and	ne information will general fitness, as	
	I understand that omissions or inaccuracies in completing the application may result in denial of the application. The Office may also conduct an independent investigation of me, which may include, but not be limited to contacting federal and state law enforcement agencies, other governmental agencies, and credit reporting agencies. If any information the Office receives indicates a violation of law, the information will be shared with any agency responsible for investigating or prosecuting the violation.				
	If information about me would warrant denial of the apperson designated for contact, notice of that fact, includ would warrant denial and the applicant's rights in respec	ling a statement of			
Ī	Full Name (Please Print)	Home Telephone Number			
		()			
	Residence Address (Including City, State, and Zip Code)	Date of Birth	Sex	Race	
3	Driver's License Number	Social Security Number			
3	Other names by which I am now known or have used in the past.				
3	Other name(s) and social security number(s) under which income tax information is filed, if applicable.				
1					
	Authorized Signature	Date			

Certificate of Agreement

(For general partnership applicants only)

r.1 · .1 · . · . · .		
It being the desire and p	surpose of all the general partners of	Applicant Name
that this general partners	ship should take steps to be licensed as a more	tgage
	-	Broker, Lender and/or Servicer
under the provision of A	act No. 173 of the Public Acts of 1987, as amo	ended.
IT IS HEREBY AGREE	ED that	, as
	Nam	
Tit		tnership, in his/her official capacity,
	d directed to prepare, execute, verify and pre	esent to the proper state authorities
is nervey additionized and	a directed to propare, execute, verify and pro	seem to the proper state authornes
of the State of Michigan	, and for and on behalf of said	
_		Applicant Name
written application for	license under the provision of Act No. 17	3, Public Acts of 1987, as amended,
outhorizing the conducti	ing of said business as a mortgage	by thi
aumorizing the conducti	ing of said business as a mortgage	by thi
general partnership and	to do all acts and perform all necessary lega	al requirements on behalf of said general
partnership to procure th	ne same.	
General Partner	Signature and Title	Date
Comment Desire	Cinnature and Tide	Detail Detail
General Partner	Signature and Title	Date
General Partner	Signature and Title	Date

Certificate of Agreement

(For limited partnership applicants only)

It being the desire and pur	rpose of all the limited partners of	Applicant Name
that this limited partnershi	ip should take steps to be licensed as a mortg	**
-		Broker, Lender and/or Servicer
under the provision of Act	t No. 173 of the Public Acts of 1987, as ame	nded.
IT IS HEREBY AGREED	O that	, as
	Name	1 ' 1 ' / (C' ' 1 ' ' '
Title		nership, in his/her official capacity,
	directed to prepare, execute, verify and pre	esent to the proper state authorities
of the State of Michigan, a	and for and on behalf of said	,
_		Applicant Name
written application for li	icense under the provision of Act No. 173	Public Acts of 1987, as amended,
authorizing the conducting	g of said business as a mortgage	by this
	В	roker, Lender and/or Servicer
limited partnership and to	o do all acts and perform all necessary legal	l requirements on behalf of said limited
partnership to procure the	same.	
Limited Partner	Signature and Title	Date
Limited Partner	Signature and Title	Date
Limited Partner	Signature and Title	Date